



Renewal Application for Organic Certification - Handlers, Processors, Retailers, & Brokerages

BUSINESS NAME:		
CONTACT NAME:		JOB TITLE:
NAME OF PERSON OVERSEEING ORGANIC PRODUCTION (IF DIFFERENT FROM ABOVE):		JOB TITLE:
WSDA ORGANIC CERTIFICATION NUMBER:	COUNTY WHERE BUSINESS IS LOCATED:	STATE WHERE BUSINESS IS LOCATED:
PHYSICAL LOCATION OF BUSINESS		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS

Renewal Application Checklists - Please refer to the checklist under your specific type of operation to ensure all documents relevant to your application are submitted.

Handler Forms	Processor Forms	Retailer Forms	Brokerage/Marketing Co. Forms
<input type="checkbox"/> Renewal Application for Certification	<input type="checkbox"/> Renewal Application for Certification	<input type="checkbox"/> Renewal Application for Certification	<input type="checkbox"/> Renewal Application for Certification
<input type="checkbox"/> Organic Operator Agreement	<input type="checkbox"/> Organic Operator Agreement	<input type="checkbox"/> Organic Operator Agreement	<input type="checkbox"/> Organic Operator Agreement
<input type="checkbox"/> Sales Summary Form	<input type="checkbox"/> Sales Summary Form	<input type="checkbox"/> Sales Summary Form	<input type="checkbox"/> Sales Summary Form
<input type="checkbox"/> Fee Form	<input type="checkbox"/> Fee Form	<input type="checkbox"/> Fee Form	<input type="checkbox"/> Fee Form
<input type="checkbox"/> Organic System Plan Update	<input type="checkbox"/> Organic System Plan Update	<input type="checkbox"/> Organic System Plan Update	<input type="checkbox"/> Organic System Plan Update
<input type="checkbox"/> Product Summary Update	<input type="checkbox"/> Product Summary Update		<input type="checkbox"/> Product Summary Update
<input type="checkbox"/> For each NEW product: Labels, & supplier certificates	<input type="checkbox"/> For each NEW product: Formulations, labels, supplier certificates, & documentation regarding processing aids or non-organic ingredients.		<input type="checkbox"/> For each NEW product: Labels, & supplier certificates

RENEWAL APPLICATIONS MUST BE POST-MARKED BY MARCH 1.

<p>SEND APPLICATION AND FEE TO: Washington State Dept of Agriculture PO Box 42560 Olympia WA 98504-2560</p>	<p>Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.51(a) and 62A.3.520) Note: All business related information submitted or collected is confidential and exempt from public inspection and copying (RCW 15.86.110)</p>
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Organic Operator Agreement

BUSINESS NAME:	
BUSINESS INFORMATION (PLEASE CHECK APPROPRIATE BOX):	
<input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETORSHIP)	
<input type="checkbox"/> INDIVIDUAL "DOING BUSINESS AS:"	
<input type="checkbox"/> EDUCATIONAL INSTITUTION	
<input type="checkbox"/> GENERAL PARTNERSHIP. LIST NAMES OF THE OWNERS OR PARTNERS:	
<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)	
NAME OF REGISTERED AGENT:	
ADDRESS OF REGISTERED AGENT:	
PRIMARY PHONE NUMBER FOR REGISTERED AGENT:	EMAIL ADDRESS FOR REGISTERED AGENT:
<input type="checkbox"/> CORPORATION. PLEASE COMPLETE THE SECTION BELOW.	
PRESIDENT:	VICE PRESIDENT:
SECRETARY:	TREASURER:

Organic Operator Agreement (The person signing the Organic Operator Agreement must be authorized to represent the business.)

I, _____, as an authorized representative of

[Business Name] _____ depose and say that I will:

1. Fully comply with all applicable organic production and handling regulations in accordance with Title 7 CFR Part 205 National Organic Program Rule and Washington State Chapter 16-157 WAC Organic Food Standards and Certification.
2. Establish, implement, and update annually an organic production or handling system plan that will be submitted to WSDA Organic Food Program.
3. Supply WSDA Organic Food Program with all information required to verify compliance with the National Organic Program Rule.
4. Permit on-site inspections with complete access to the production or handling operation, including noncertified production and handling areas, structures, and offices by WSDA Organic Food Program. These inspections may be announced or unannounced at the discretion of WSDA Organic Food Program or as required by the Administrator of the National Organic Program.
5. Maintain all records applicable to the organic operation for not less than five (5) years beyond their creation.
6. Allow authorized representatives of WSDA Organic Food Program, or the Secretary of Agriculture access to these records under normal business hours for review and copying to determine compliance with the National Organic Program Rule.
7. Submit to WSDA Organic Food Program the applicable fees as described on the most current fee schedule.
8. Immediately notify WSDA Organic Food Program about any application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or part of an operation.
9. Immediately notify WSDA Organic Food Program of any change in our certified operation or portion of it that may affect its compliance with the National Organic Program Rule.

SIGNATURE OF AUTHORIZED REPRESENTATIVE:	DATE:
PRINT NAME:	JOB TITLE: